

More doctors considering personalized medicine

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Dr. Floyd Russak (center) consults with patients Gerald (left) and Joan Starika and their son, Stephen, at the East West Health Center in Greenwood Village.

Dr. Floyd Russak grew tired of seeing 2,000 patients each year, limiting their visits to 10 minutes and having to spend his free time fighting with insurance companies to be paid.

So, on July 15, the medical director and co-owner of East-West Health Center in Greenwood Village is making the switch from the age-old idea of primary care to the rising specialty of personalized medicine.

That will cut his patient load by 75 percent, and he'll charge them annual fees of \$1,500. But also, he'll be able to spend more time with them and provide them wellness care rather than just treatment in reaction to their ailments.

Personalized medicine — also known as “concierge medicine” — is a recent concept that’s starting to grow in Denver and around the country.

MDVIP, the largest national group of doctors providing such care, has grown its physician ranks more than fourfold in four years, and SignatureMD, the company with which Russak is affiliating, has grown its doctor roster at least 200 percent in each of the past three years.

Studies commissioned by Boca Raton, Fla.-based MDVIP, which has seven doctor affiliates in Colorado, have shown that hospital rates decrease dramatically and control of chronic conditions increases under the personalized model.

But as doctors shed large numbers of their patients at a time when Colorado and the United States already are facing a severe shortage of primary-care physicians, the trend improves health care for some while thinning it for others.

“Is it good for patients? If you have the funds and the cash ready, it really is good personalized care,” said Dr. Michael Pramenko, president of the Colorado Medical Society, which neither promotes nor discourages doctors moving to that type of care. “[But] you probably are going to increase your shortage. And the tendency is to see folks who have a bit more money, because if you are on Medicaid, you generally tend not to have money for this.”

Most doctor’s visits are short

National studies have shown the average amount of time that primary-care physicians spend with patients is down to seven or eight minutes per visit, said Dr. Jon Cram, who left a partnership practice in June 2009 to open Summit Family Medicine, a solo personalized medicine practice in Littleton. It “just isn’t enough time to see all those folks,” he said.

Russak had grown his practice to 2,000 patients to bring in enough income to make up for the increasing staff needed to deal with paperwork, and decreasing reimbursements from Medicaid and private insurers. He hadn’t taken on new patients in more than five years, and people were offering to pay him under the table to see him. When one insurer simply stopped reimbursing him in 2010 — an error he said he later worked out — Russak decided he’d had enough.

Under the new formula, the 400 to 500 patients who choose to stay with Russak will pay the annual \$1,500 fee out of pocket and still pay for each visit, though insurance will partially cover that cost. The annual fees are expected to account for 75 percent of Russak’s income, ensuring he’s no longer dependent on insurance reimbursements to operate.

In exchange, those patients will receive 90-minute physical exams that are more thorough and help Russak lay out a plan to improve their health. They will be guaranteed same-day or next-day appointments. And they’ll get Russak’s personal cell-phone number and email address, so that they can reach him around the clock.

“I just felt like I was getting pressured to take more and more patients and spend less time with people,” Russak said.

A growing trend

Matt Jacobson, founder and CEO of Santa Monica, Calif.-based SignatureMD, which provides legal and operational support for personalized medicine practices, said Russak’s concerns are similar to those he hears from a lot of physicians who seek out his company.

With a 29.5 percent cut in Medicare reimbursements next year helping to drive people out of traditional primary care, SignatureMD may grow its roster of physician affiliates by more than 600 percent this year, he said.

Similarly, MDVIP has grown from less than 100 doctor affiliates in mid-2007 to 465 currently, said Mark Murrison, president of marketing and innovation. Most of those physicians are in their early- to mid-50s — the prime of their careers — and many have said that they strongly considered giving up primary care because of the pressures to take on even more patients before coming to MDVIP, he said.

MDVIP doctors go beyond the usual physical exam and focus on areas such as emotional well-being, quality of sleep, bone health and sexual health before drafting personalized wellness plans.

Studies in five states that require hospital statistical reporting have shown that patients cared for by MDVIP affiliates are 65 percent less likely to be hospitalized than average patients covered by commercial insurance and treated by traditional primary-care practices, medical director Dr. Andrea Klemes said.

Cram, who reduced his patient roster from 3,000 to less than 600, even offers twice-weekly walks around the lake in Littleton's Clement Park that draw an average of eight patients.

Cram, who turned over the majority of his patients who didn't want to pay for personalized medicine to his former partners, said he understands concerns about making it harder for people to find a primary-care doctor if patient loads are limited. But he hopes that returning to slower, more comprehensive medical care will encourage more physicians to go into primary care rather than into specialty niches.

"It's a lot more fun to practice Marcus Welby-style care than scrambling from room to room," he said.

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